



Driving improvement through the use of quality frameworks and self-evaluation

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What we do

The Care Inspectorate is the independent scrutiny and improvement support body for social care and social work services in Scotland. By law, care services must be registered with us.

We support and regulate almost 12,000 social care services for people of all ages and stages in life.



The Care Inspectorate's vision, mission and values



Our Vision

The Care Inspectorate's vision is for world-class social care and social work in Scotland, where everyone, in every community, experiences high-quality care, support and learning, tailored to their rights, needs and wishes.

Our Mission

We will provide public assurance about the quality of social care, social work and early learning services, promote innovation and drive continuous improvement. We will collaborate and take action where experiences and outcomes are not meeting individual needs.



Our Values

Person-centred:

we will put people*,
compassion and kindness at
the heart of everything we do.

Fair:

we will act fairly and
consistently, be transparent
and treat everyone equally.

Respectful:

we will be respectful
in all that we do.

Integrity:

we will be impartial and
act to improve care for
all those in Scotland.

Efficient:

we will provide the best
possible quality and public
value from our work.

Equality:

we will promote and advance
equality, diversity and inclusion
in all our work and interactions.

*infants, children, young people, adults and older people



What we do

We support and regulate almost 12,000 services

3,886
childminders

3,559
daycare of
children services

333
housing support
services

1,386
care home services

- 251 Adults
- 336 Children and young people
- 799 Older people

126
nurse agencies

71
adult placement services

62
school care
accommodation services

1,487
support services

- 1,093 Care at home
- 394 Adult daycare

59
fostering services

38
adoption services

17
childcare agencies

5
offender accommodation
services

5
secure accommodation
services



Legislation Powers / Duties





What informs our scrutiny planning and risk

Experience has taught us that when things go wrong in care services, they often relate to key areas	Scrutiny Assessment Tool	Core Assurances
<p>Theory and inquiries into when care goes wrong has highlighted the areas that are important to monitor because these can be identified as early indicators of harm to people using services.</p> <p>(Scottish Government 2014, Hull University 2012, Francis Report 2013, Wardhaugh and Wilding 1993).</p>	<ul style="list-style-type: none">▸ In place for all services, informs service risk level and scrutiny work▸ Includes notification data, adult support and protection (ASP), accidents, incidents, change of manager, variations, re-registration (compare to national average)▸ Intelligence from other professionals▸ Regulatory history▸ Complaints received and outcome <p>Determine action HIGH/MEDIUM/LOW</p>	<ul style="list-style-type: none">▸ Protection▸ Governance▸ Improvement Plans▸ Planned Care and Support▸ Infection Prevention & Control▸ Medication



Hearing the voices of people experiencing care

Inspection Volunteers

Inspection
Questionnaires

We hear from people
at every inspection

'Text to complain' service
for young people

We use SOFI 2
observations

Introduced a new quality
indicator about meaningful
connection



We operate Responsive Regulation taking account of:

The Scottish Regulators Strategic Code	Better Regulation Task Force	The Crerar Report
<ul style="list-style-type: none">▶ Regulators are enablers▶ Account for risk & evidence▶ Understand those they regulate and tailor approaches accordingly▶ Give clear and effective communication	<p>Scrutiny should be:</p>  <p>The diagram consists of five overlapping circles arranged in a pentagonal pattern. The central circle is dark purple and labeled 'Proportionate'. Surrounding it are four other circles: 'Targeted' (top-left, purple), 'Transparent' (top-right, blue), 'Consistent' (bottom-left, pink), and 'Accountable' (bottom-right, magenta).</p>	<ul style="list-style-type: none">▶ Public focus▶ Independence▶ Proportionality▶ Transparency▶ Accountability



Modernising our regulatory approach 2014 - 2017

**Moving from 'enforcer'
to 'enabler'**

**More proportionality in
better performing services**

**Much greater focus on
people's outcomes**

**Clear role in supporting
improvement**

**New complaints
handling process**

**Shorter inspection
reports**

**Greater emphasis on
self-evaluation**

**Significant strengthening
of CI quality assurance**



The Health and Social Care Standards

Find the Standards on the Scottish Government website:

gov.scot/publications/health-social-care-standards-support-life/



The Health and Social Care Standards



When we inspect care services, we look at how they are meeting Scotland's Health and Social Care Standards



The Standards are written with the voice of people experiencing care



The Standards cover all aspects of care



Human rights



Human rights are
integral to all our lives.



Human rights principles
are at the core of
ensuring good care.



Standard 1.2
Standard 4.1



Health and Social Care Standards

My support, my life.

Principles

Dignity and respect

- My human rights are respected and promoted.
- I am respected and treated with dignity as an individual.
- I am treated fairly and do not experience discrimination.
- My privacy is respected.

Compassion

- I experience warm, compassionate and nurturing care and support.
- My care is provided by people who understand and are sensitive to my needs and my wishes.

Be included

- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.

Responsive care and support

- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.
- If I make a complaint it is acted on.

Wellbeing

- I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse or avoidable harm.



Delivering on the Health and Social Care Standards

Health and Social Care Standards

Legislation

Good practice

Our quality frameworks

Primarily a tool for self-evaluation

Outcome focussed

Developed in consultation with people who use services and providers

Aspirational

Human rights based

Supports openness and transparency



Developing and testing the quality frameworks

Pathfinder approach for care homes for older people

Wide consultation

Staff

People experiencing care

Providers



Developing and testing the quality frameworks

60 tests from November 2017 – April 2018

Extensive evaluation of the tests

Public consultation

Refinements and changes throughout the tests

Quality Frameworks

European Foundation for Quality Management (EFQM) – examples of very good and weak practice

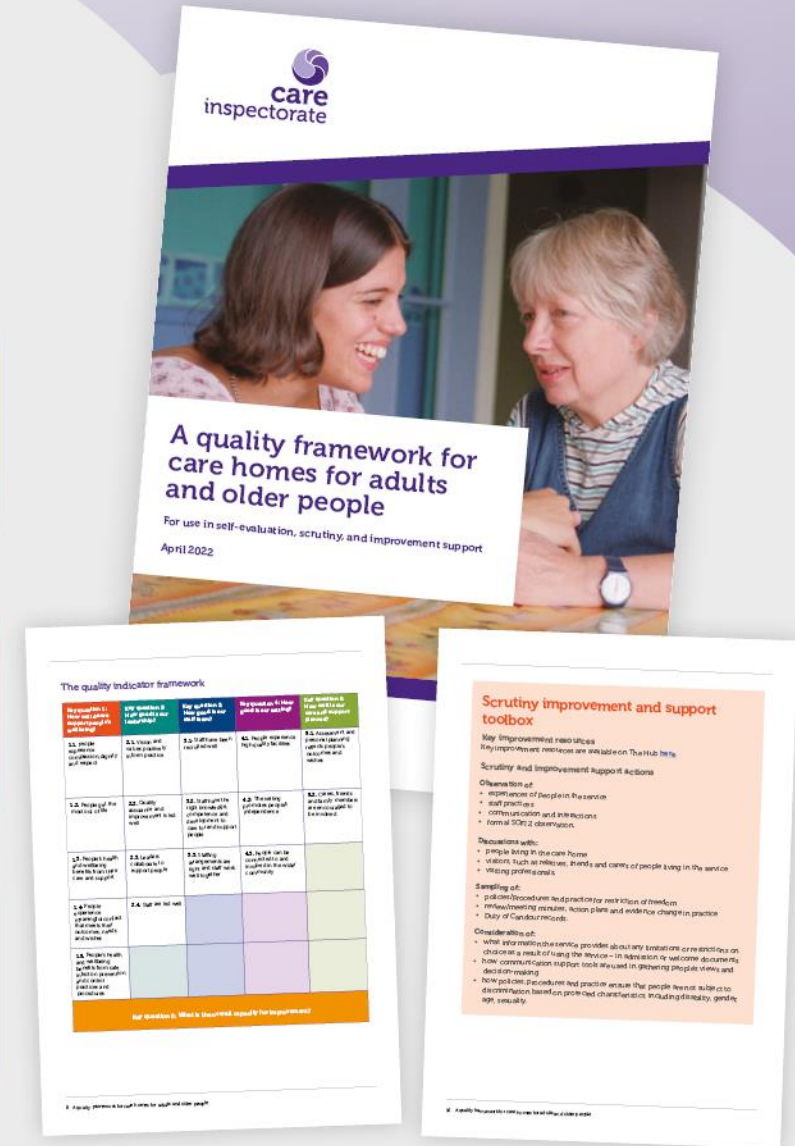
For use in self evaluation, scrutiny and improvement support

Core Assurances – completed at all inspections based on Hull University Early Indicators of Risk

Scrutiny and Improvement tool box- links to good practice

Key Questions with Quality Indicators

Self Evaluation tool box



Key questions and quality indicators

Key question 1: How well do we support people's wellbeing?	Key question 2: How good is our leadership?	Key question 3: How good is our staff team?	Key question 4: How good is our setting?	Key question 5: How well is our care and support planned?
1.1. People experience compassion, dignity and respect	2.1. Vision and values positively inform practice	3.1. Staff have been recruited well	4.1. People experience high quality facilities	5.1. Assessment and personal planning reflects people's outcomes and wishes
1.2. People get the most out of life	2.2. Quality assurance and improvement is led well	3.2. Staff have the right knowledge, competence and development to care for and support people	4.2. The setting promotes people's independence	5.2. Carers, friends and family members are encouraged to be involved
1.3. People's health and wellbeing benefits from their care and support	2.3. Leaders collaborate to support people	3.3. Staffing arrangements are right and staff work well together	4.3. People can be connected to and involved in the wider community	
1.4. People experience meaningful contact that meets their outcomes, needs and wishes	2.4. Staff are led well			
1.5. People's health and wellbeing benefits from safe infection prevention and control practices and procedures				
Key question 6: What is the overall capacity for improvement?				

Quality indicator 1.1: People experience compassion, dignity and respect

Key areas include the extent to which people experience:

- compassion
- dignity and respect for their rights as an individual
- help to uphold their rights as a citizen free from discrimination.

Quality illustrations

Very good

People experience care and support with compassion because there are warm, encouraging, positive relationships between staff and people living in the care home. This supports people to achieve their individual outcomes.

Weak

Staff interact with people in ways which are impersonal or abrupt. Staff may appear rushed and have no time for meaningful interaction with people.

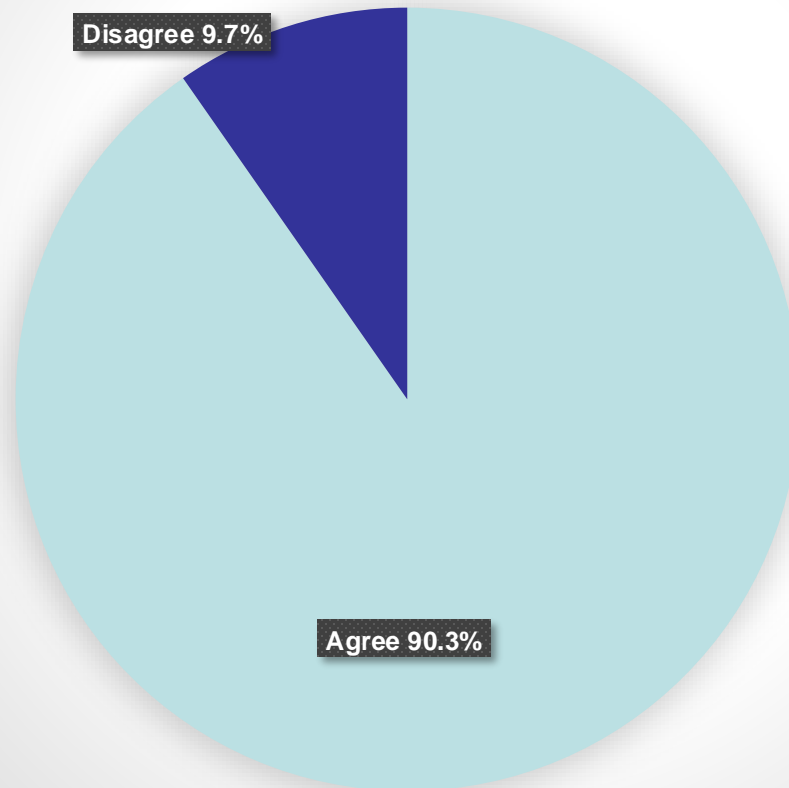
People's views and preferences are not actively sought when planning and

Excellent 06	Very good 05	Good 04	Adequate 03	Weak 02	Unsatisfactory 01
OUTSTANDING OR SECTOR LEADING	MAJOR STRENGTHS	IMPORTANT STRENGTHS, WITH SOME AREAS FOR IMPROVEMENT	STRENGTHS JUST OUTWEIGH WEAKNESSES	IMPORTANT WEAKNESSES – PRIORITY ACTION REQUIRED	MAJOR WEAKNESSES – URGENT REMEDIAL ACTION REQUIRED
<p>An evaluation of excellent describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.</p>	<p>An evaluation of very good will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.</p>	<p>An evaluation of good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.</p>	<p>An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance which is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive</p>	<p>An evaluation of weak will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.</p>	<p>An evaluation of unsatisfactory will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected and their wellbeing improves without delay.</p>

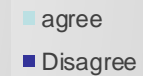


Reviewing the Frameworks

The Quality Frameworks are supporting a focus on people's experiences and helping improve outcomes for people experiencing care



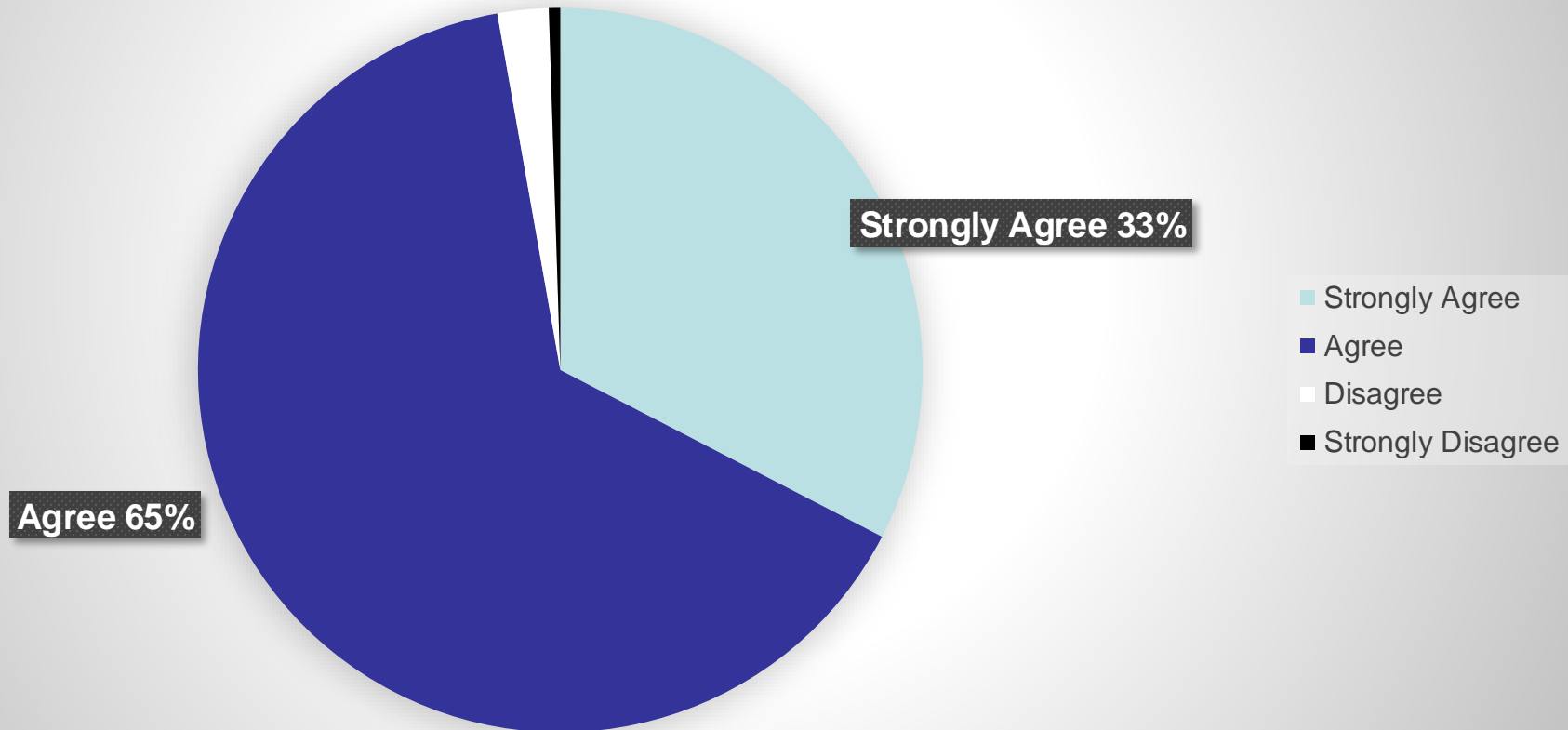
177 care providers contributed their views





Reviewing the Frameworks

The quality framework helps me evaluate my own service





Self-evaluation



- ▶ Build a range of options to expand the use of self-evaluation, including focussed self-evaluation tools.



- ▶ Support a further shift toward “risk-based” scrutiny and assurance activities.



- ▶ Get to a position where providers are engaged in self-evaluation and improvement planning.



Self-evaluation questions

How are we doing?

How do we know?

- How well do we support people's wellbeing?
- How good is our leadership?
- How good is our staff team?
- How good is our setting?
- How well is our care planned?

What are we going to do now?



The self-evaluation process

Question 1 - How are we doing?

Deciding what you want to know?

The diagram illustrates the self-evaluation process. It features a vertical line on the left side with two purple circles. Each circle is connected to a horizontal blue bar containing text. The top bar says 'Deciding what you want to know?' and the bottom bar says 'Parameters, questions, standards / expectations'. To the right, there is a grey rectangular area containing three overlapping purple circles labeled 'Measurable', 'Accessible', and 'Feedback' from left to right.

Parameters, questions,
standards / expectations

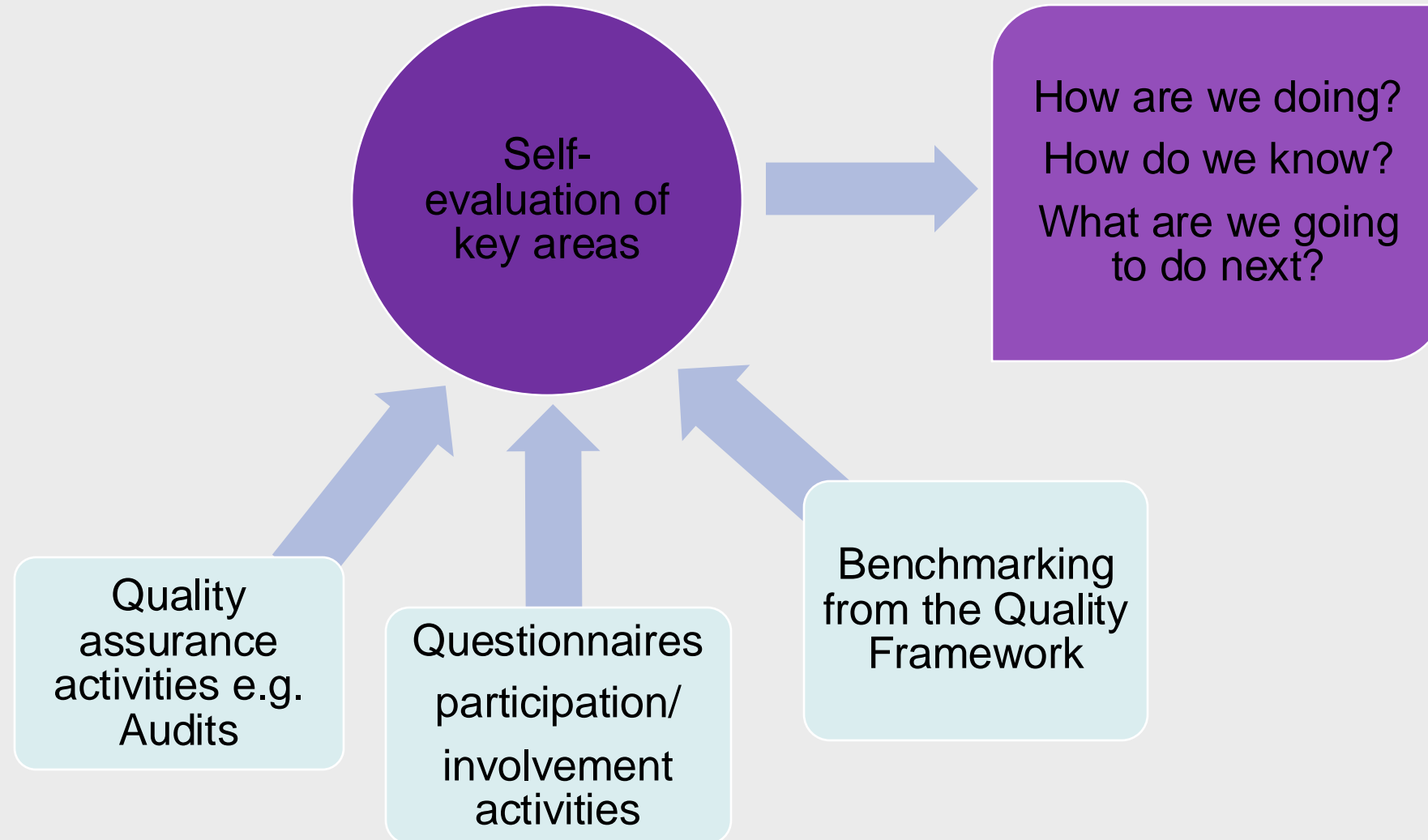
Measurable

Accessible

Feedback



Question 2 – How do we know?



Getting feedback



- People who use the service
- Families, friends and carers
- Staff (all levels and roles)
- External professionals
- Other stakeholders



- Talking to people
- Service events
- Focus groups
- Relatives/service user/staff meetings
- Questionnaires





Question 3 - What are we going to do now?

What did you learn from answering the first two questions?

What is people's experience?
(including relatives, staff, stakeholders)

What's going well?

What needs to improve?



Self-evaluation

We plan to:

Build a range of options for how we can expand the use of self-evaluation including specific focussed self-evaluation tools (restrictive practices, meaningful engagement, safe staffing).

Support a further shift toward “risk-based” scrutiny and assurance activities that allows us to deploy limited resources more strategically.

Get to a position where all providers are engaged in self-evaluation and improvement planning as a routine part of their management of services.



Thank you.

Questions?